					Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								03-665					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	LEN	ITITY	OR	OTHER SMALL		
TOTAL CLAIMS			7					Ε	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			7- minus 20=		* 0		X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			2_ minus 3 =		* つ		X43	=		OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+145	5=		OR	+290=		
* If	the difference	in column 1 iș	less than ze	ess than zero, enter "0" in column 2				۹L	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II										•	OTHER		
		(Column 1)		(Colur		SMA		NTITY	OR	SMALL			
AMENDMENT A	-	REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	- OL A144	<u> </u>	X43:	=		OR	X86=		
L.	FIRST PRESE	NTATION OF MU	JUIPLE DE	PENDENT	CLAIM		+145	= ,	·. (OR	+290=		
							TO ADDIT. F			OR	TOTAL ADDIT. FEE		
		(Column 2) (Column 3)			. 1.0011.1								
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X43=	-		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+145	_		OR	+290=		
								AL			TOTAL	<u> </u>	
(Column 1) (Column 2) (Column 3)								EE L		· ,	ADDIT. FEE		
	`	CLAIMS	LAIMS		EST	(Coldinii 3)			ADDI-	•		ADDI-	
AMENDMENT C	; 	REMAINING AFTER AMENDMENT		PREVIC PAID I	USLY	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$-9:	-	Ì	OR	X\$18=		
	Independent	*	Minus	***		=	X43=			OR.	X86=	Ţp.	
	FIRST PRESENTATION OF MULTIPLE DEPEND				CLAIM		145	┪		ı	- 200-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	+290= TOTAL		
***	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	aid For" IN THI	S SPACE is	s less tha	n 3, enter "3."	ADDIT. F	EE L			ADDIT. FEE		
	ine ingrestivum	iber i reviously ran	a ror (Total Of	machenge	,, 13 IIIE	g.i.cat number	.ound in title	- appi	JP. IGIC DOX	501			